



**DIVISION OF MINE SAFETY**  
**P. O. BOX 2244, FRANKFORT, KY. 40602-2244**  
Application to Mine Within 300 Feet of an Oil or Gas Well

<b>For Office Use Only</b> DMS Permit Number _____
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Mine Licensee \_\_\_\_\_ State File Number: \_\_\_\_\_  
Mine Name or Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Strata overlying mine at well location: \_\_\_\_\_ Feet \_\_\_\_\_  
Coal Seam: \_\_\_\_\_ Seam thickness: \_\_\_\_\_ Inches  
Method of Survey: \_\_\_\_\_  
Office of Mine Safety & Licensing Office: \_\_\_\_\_

No coal shall be mined from the \_\_\_\_\_ x \_\_\_\_\_ foot square block of coal shown to be left centered about the well on the map accompanying the application.

*NOTE: Attach an 8 1/2" x 11" copy of the section of the USGS. 7.5 minute topographic map with the location of the well plotted on the map and identification of the topographic sheet. Attach a certified mine map showing the well location.*

Reviewed by: _____ Date: _____ (Division of Mine Safety, Branch Manager Signature and Date)	_____ Division Director - DMS                      Date
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Original Well Operator: \_\_\_\_\_ Current Well Operator: \_\_\_\_\_  
Original Oil/Gas Lease Name: \_\_\_\_\_ Current Lease Name: \_\_\_\_\_  
Well Operator Number: \_\_\_\_\_ Div. of Oil & Gas Permit Number: \_\_\_\_\_

Well Location	
<b>To be completed by Div. Of Oil &amp; Gas:</b> Longitude _____ Latitude _____	<b>As surveyed by the Mine Licensee:</b> Longitude _____ Latitude _____

**Current Well Status**

Producing     Plugged and Abandoned     Abandoned (not producing or plugged)

In accordance with KRS 352.510, I have forwarded simultaneously to the well operator and to the Division of Mine Safety by certified or registered mail, a copy of the maps and plans required by law to be filed and kept up to date, showing on the copy of the map or plan the mine workings and projected mine workings on or beneath the tract of land and within three hundred (300) feet of the well. I further understand that the well operator may, within fifteen (15) days from receipt of the copy of the map, file specific objections in writing to the mining operations and that no action on this application shall therefore be taken by DMS within that fifteen (15) day period.

\_\_\_\_\_  
Signature of mine operator or engineer                      Typed or printed name                      Date

Certified Mail Number: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Mailed by: \_\_\_\_\_  
(Engineer or coal company)

Information to be completed by Division of Oil & Gas	
Well Type: <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Combination (Oil & Gas) <input type="checkbox"/> Injection <input type="checkbox"/> "As Drilled" Well Survey <input type="checkbox"/> Directional/Inclination Survey	
Well Completion Date: _____	County: _____
Total Depth: _____ feet	Producing Formation(s): _____
Reviewed By: _____	Date: _____
Signature of Oil & Gas Regional Supervisor	